

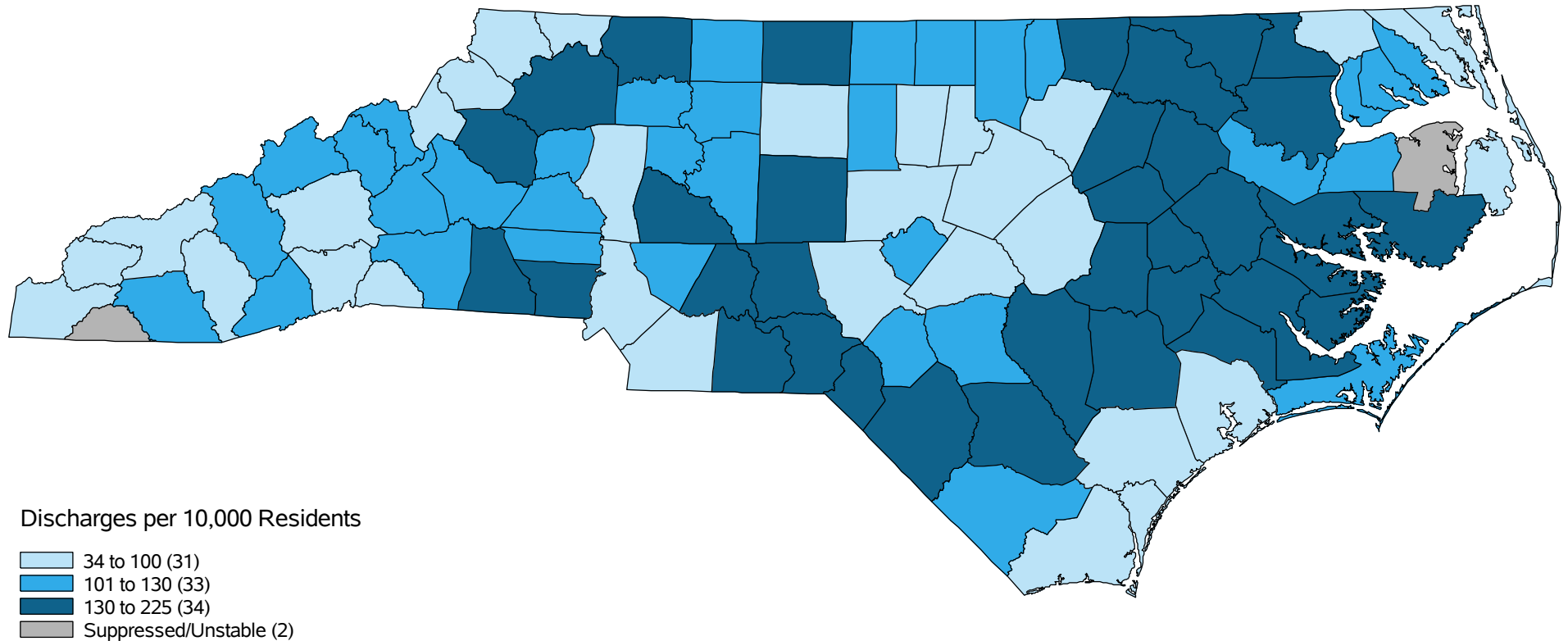
# North Carolina Counties



# Hospital Discharges for Ambulatory Care Sensitive Conditions per 10,000 Residents

Residents 18 Years and Older Discharged from North Carolina Hospitals, October 1, 2022 to September 30, 2023

North Carolina Rate: 101 Discharges per 10,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Ambulatory Sensitive Conditions are defined as the Prevention Quality Indicators for 18 years and older, see <http://www.qualityindicators.ahrq.gov>.

Information for counties with fewer than 50 visits suppressed.

Source: NCHA, Fiscal Year 2023

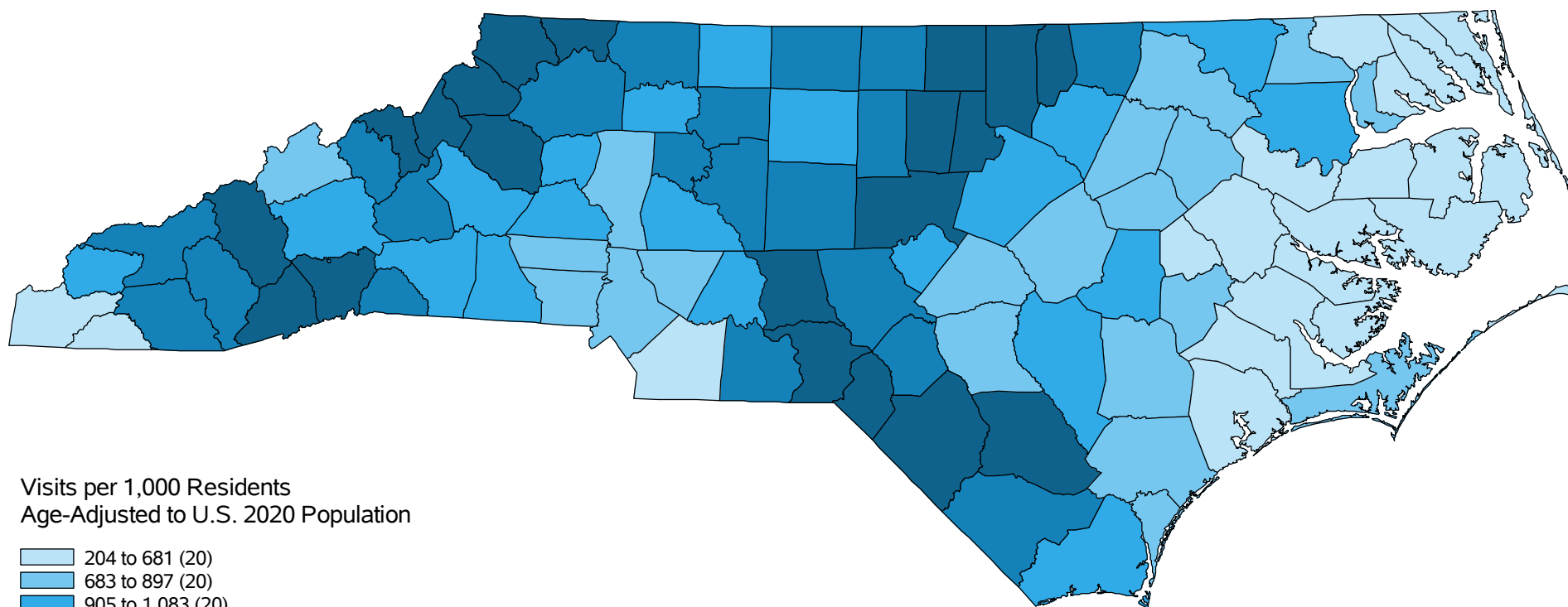
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Hospital Outpatient & Ambulatory Surgery Visits per 1,000 Residents

## Endoscopy Centers Excluded

October 1, 2022 to September 30, 2023

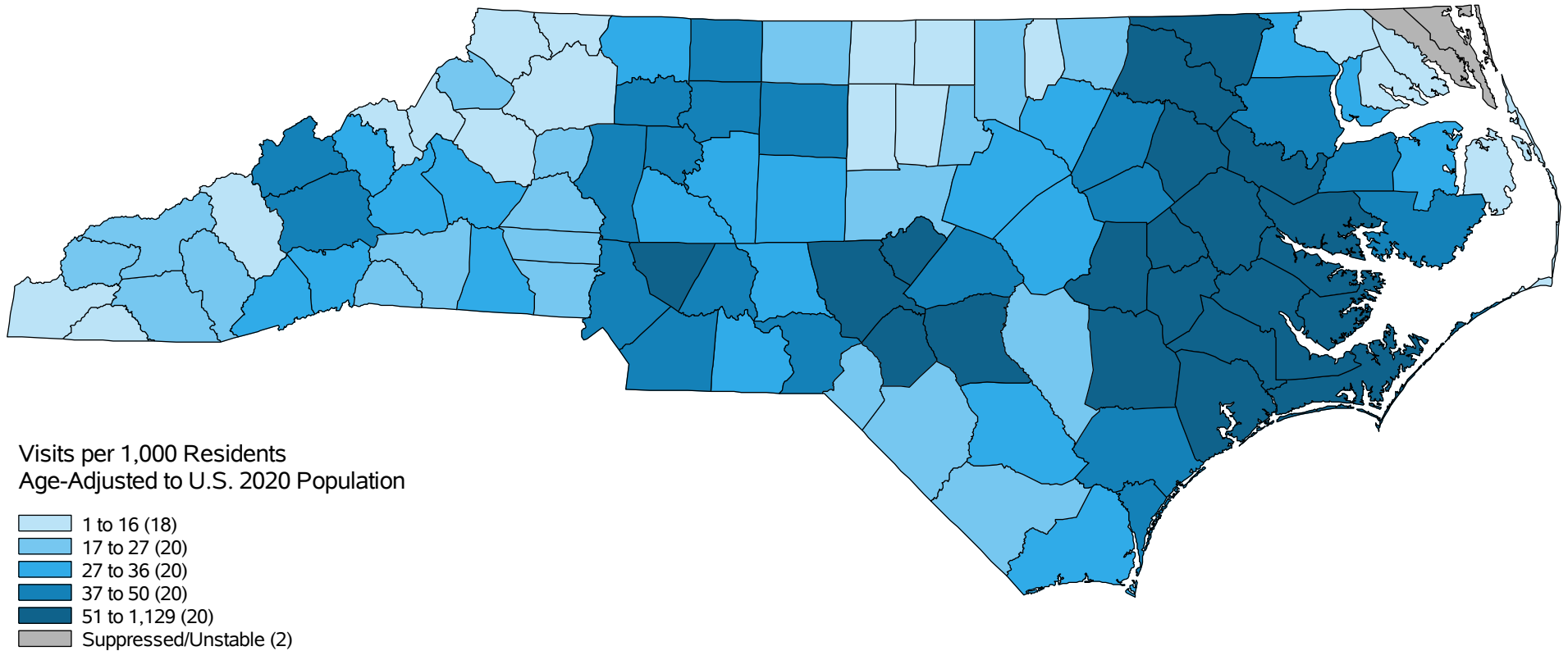
North Carolina Rate: 1021 Visits per 1,000 Residents



# Endoscopy Centers Visits per 1,000 Residents

October 1, 2022 to September 30, 2023

North Carolina Rate: 43 Visits per 1,000 Residents



Note: Information for counties with fewer than 50 visits suppressed

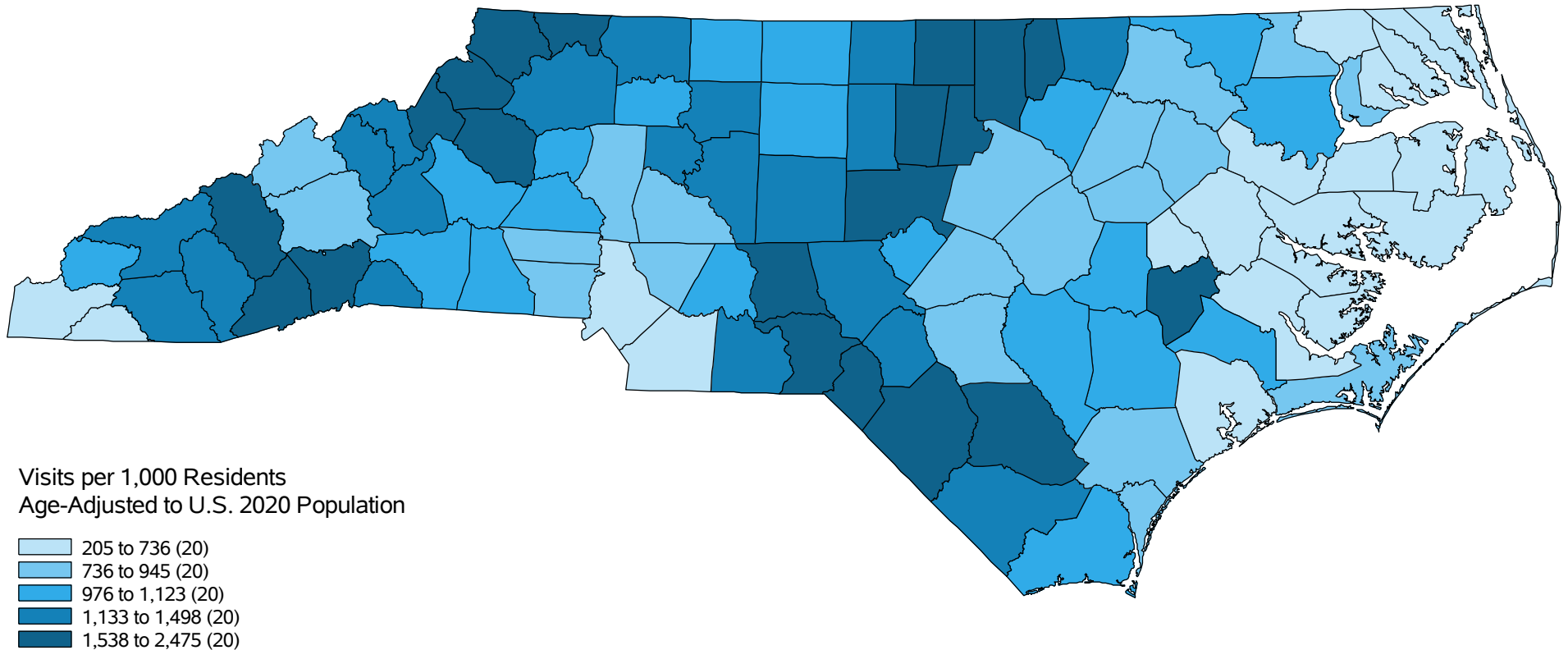
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Hospital Outpatient & Ambulatory Surgery Visits per 1,000 Residents

October 1, 2022 to September 30, 2023

North Carolina Rate: 1064 Visits per 1,000 Residents



Source: NCHA, Fiscal Year 2023

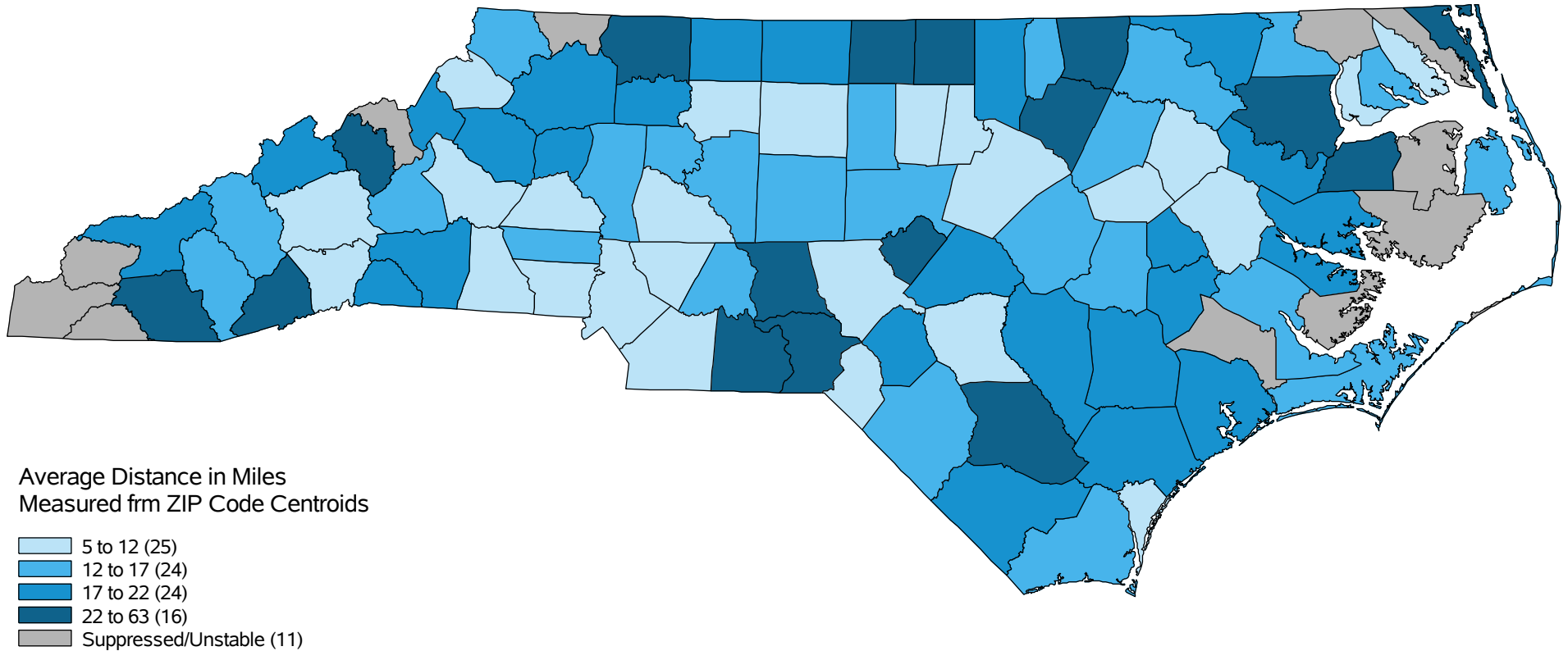
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Average Distance to Care for Discharges for Childbirth

## Miles from Residence to Hospital

Residents Discharged from North Carolina Hospitals: October 1, 2022 to September 30, 2023

North Carolina Average Distance: 12.0 Miles



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Inpatient DRG codes include 765, 766, 767, 768, 774, 775, 795.

Information for counties with fewer than 50 visits suppressed.

Source: NCHA, Fiscal Year 2023

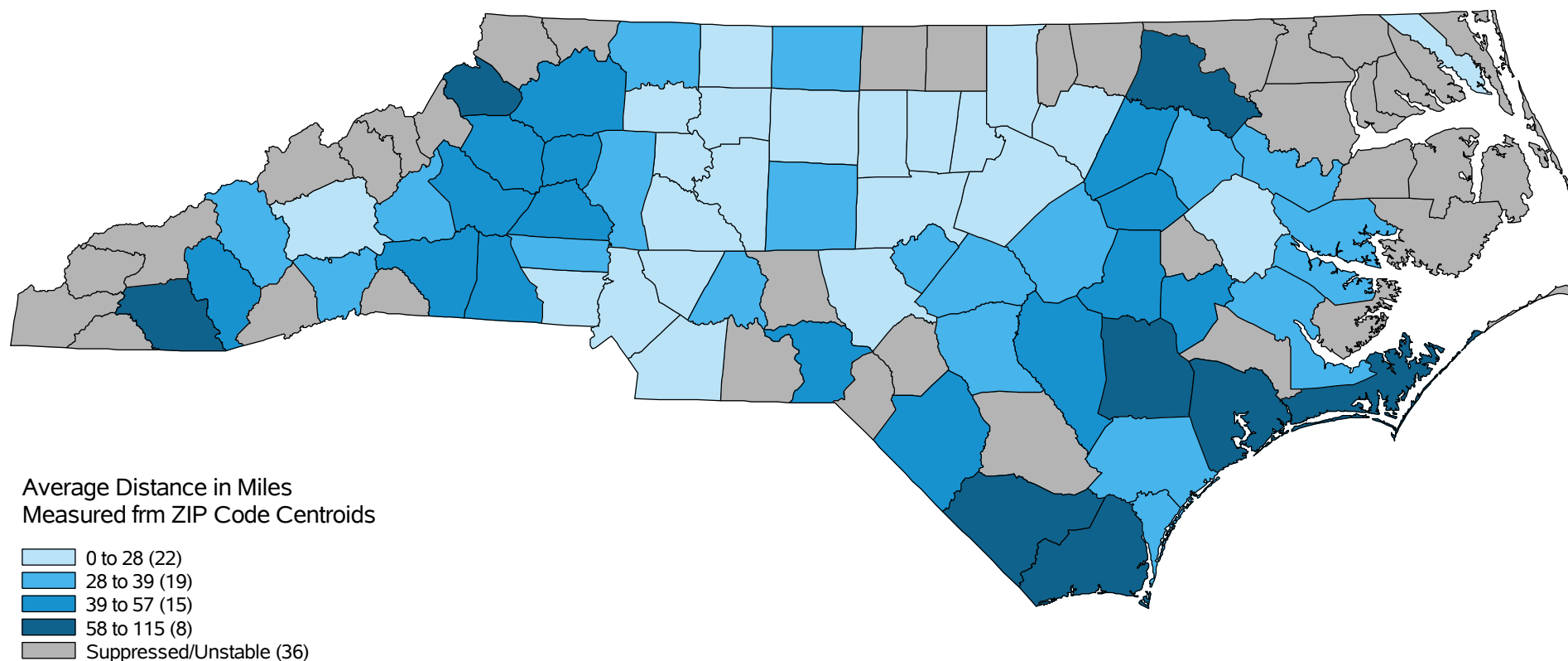
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Average Distance to Care for Open Heart Surgery

## Miles from Residence to Hospital

Residents Discharged from North Carolina Hospitals: October 1, 2022 to September 30, 2023

North Carolina Average Distance: 30.6 Miles



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Inpatient ICD-10 procedure codes include 5A1221Z. Inpatient DRG codes include 216-221, 228-236.

Information for counties with fewer than 50 visits suppressed.

Source: NCHA, Fiscal Year 2023

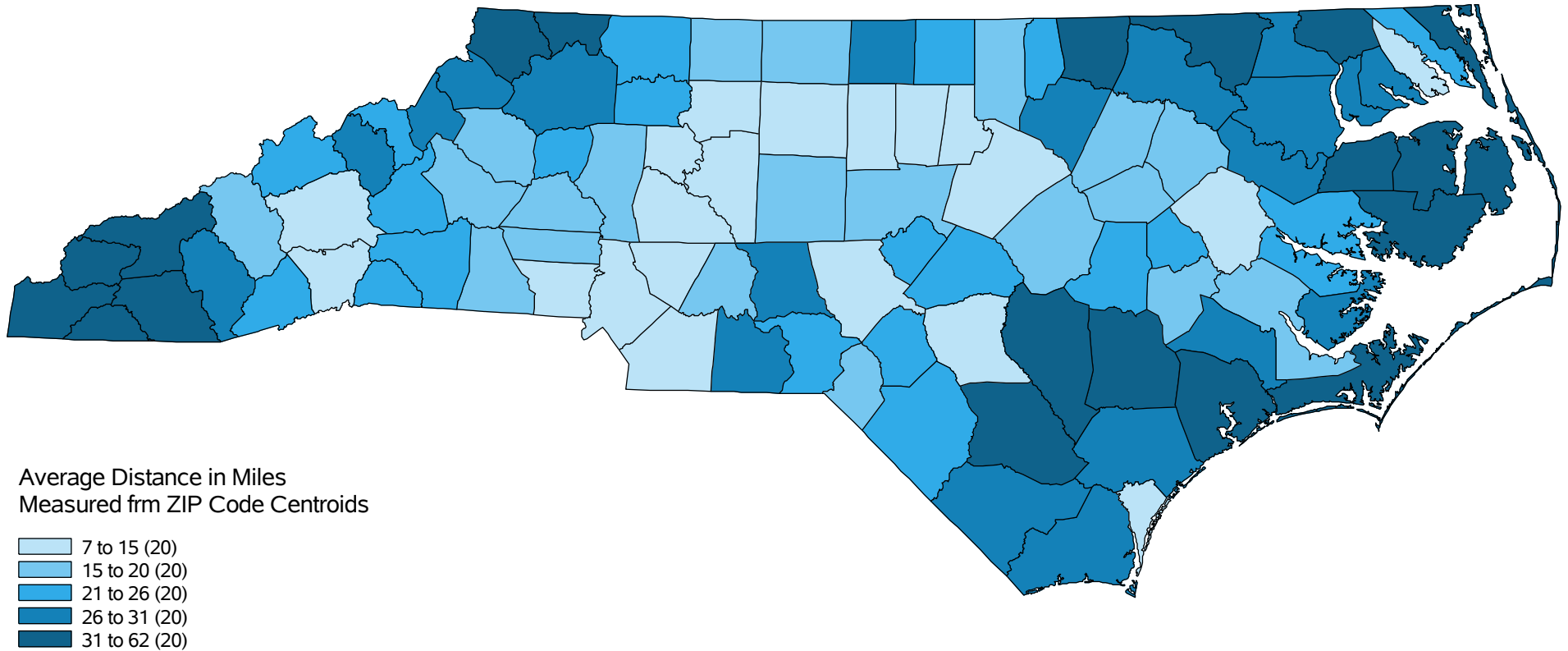
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Average Distance to Care for All Discharges

## Miles from Residence to Hospital

Residents Discharged from North Carolina Hospitals: October 1, 2022 to September 30, 2023

North Carolina Average Distance: 16.8 Miles



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Source: NCHA, Fiscal Year 2023

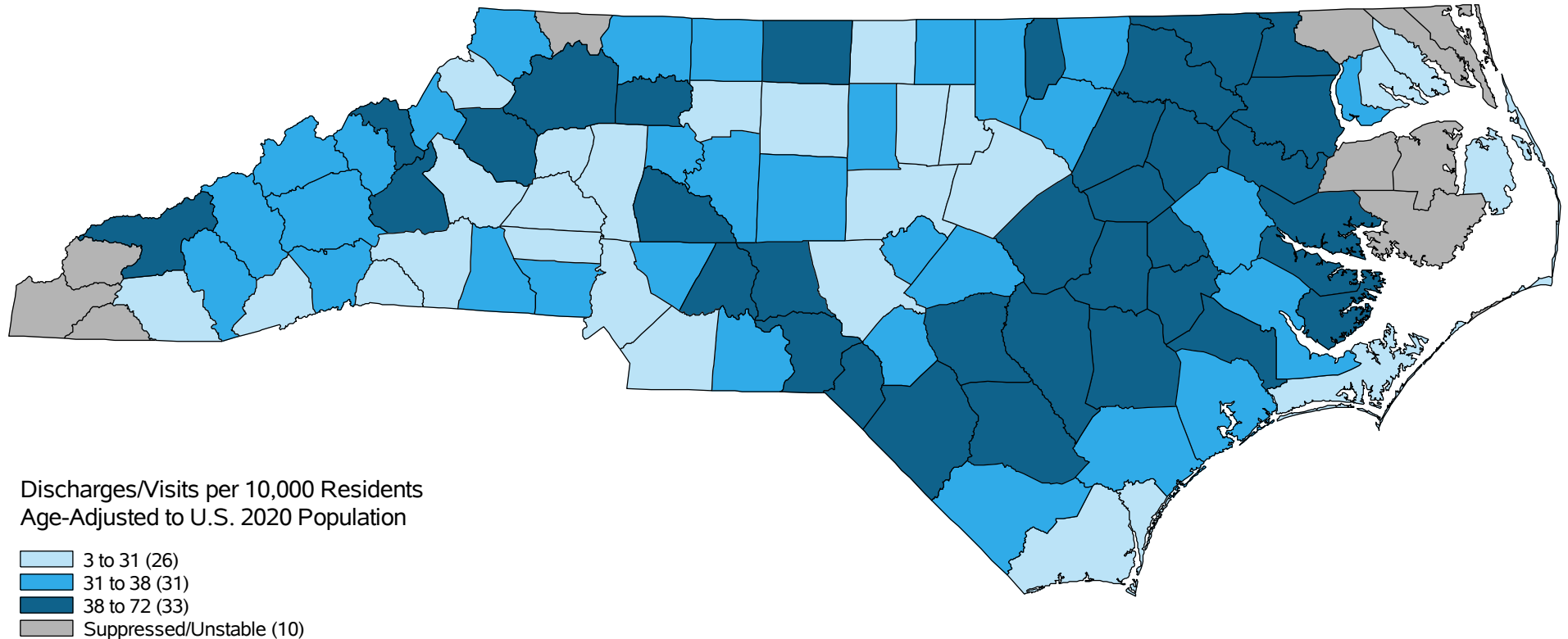
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.



# Diagnostic Cardiac Catheterizations per 10,000 Residents

Inpatient Discharges and Ambulatory Surgery Visits for North Carolina Residents, October 1, 2022 to September 30, 2023

North Carolina Rate: 32.5 Discharges/Visits per 10,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included. Inpatient ICD-10 procedure codes include 4A020N6, 4A020N7, 4A020N8, 4A023N6, 4A023N7, 4A023N8, B2000ZZ, B2001ZZ, B200YZZ, B2010ZZ, B2011ZZ, B201YZZ, B2040ZZ, B2041ZZ, B204YZZ, B2050ZZ, B2051ZZ, B205YZZ, B2060ZZ, B2061ZZ, B206YZZ, B2100ZZ, B2101ZZ, B210YZZ, B2110ZZ, B2111ZZ, B211YZZ, B2140ZZ, B2141ZZ, B214YZZ, B2150ZZ, B2151ZZ, B215YZZ, B2160ZZ, B2161ZZ, B216YZZ. Inpatient CPT codes include 75519, 75520, 75523, 75524, 75527, 75528, 93451, 93530, 93531, 93532, 93533, 93539, 93540, 93555, 93556, 93561, 93562, 93563, 93568. Information for counties with fewer than 50 visits suppressed.

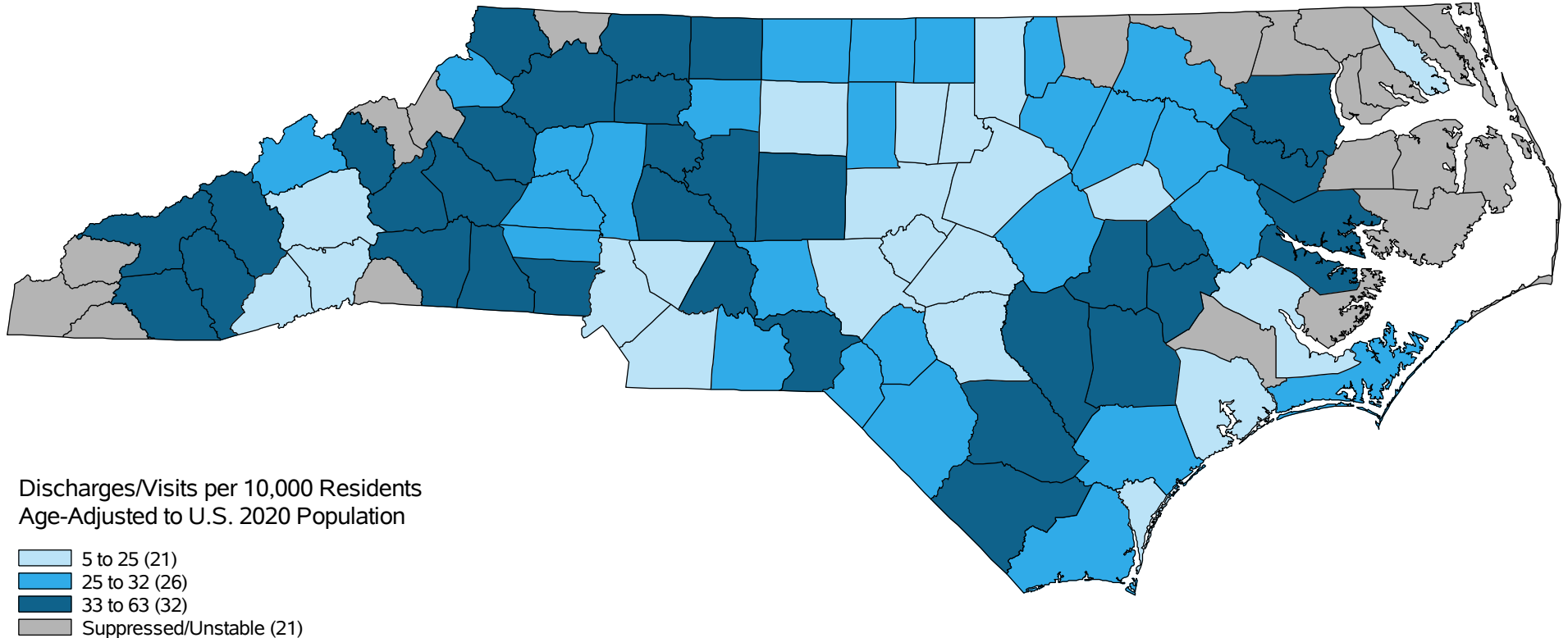
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Cholecystectomies per 10,000 Residents

Inpatient Discharges and Ambulatory Surgery Visits for North Carolina Residents, October 1, 2022 to September 30, 2023

North Carolina Rate: 24.6 Discharges/Visits per 10,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Inpatient DRG codes include 411, 412, 413, 414, 415, 416, 417, 418, 419.

Inpatient CPT codes include 47562, 47563, 47564, 47600, 47605, 47610, 47612, 47620.

Information for counties with fewer than 50 visits suppressed.

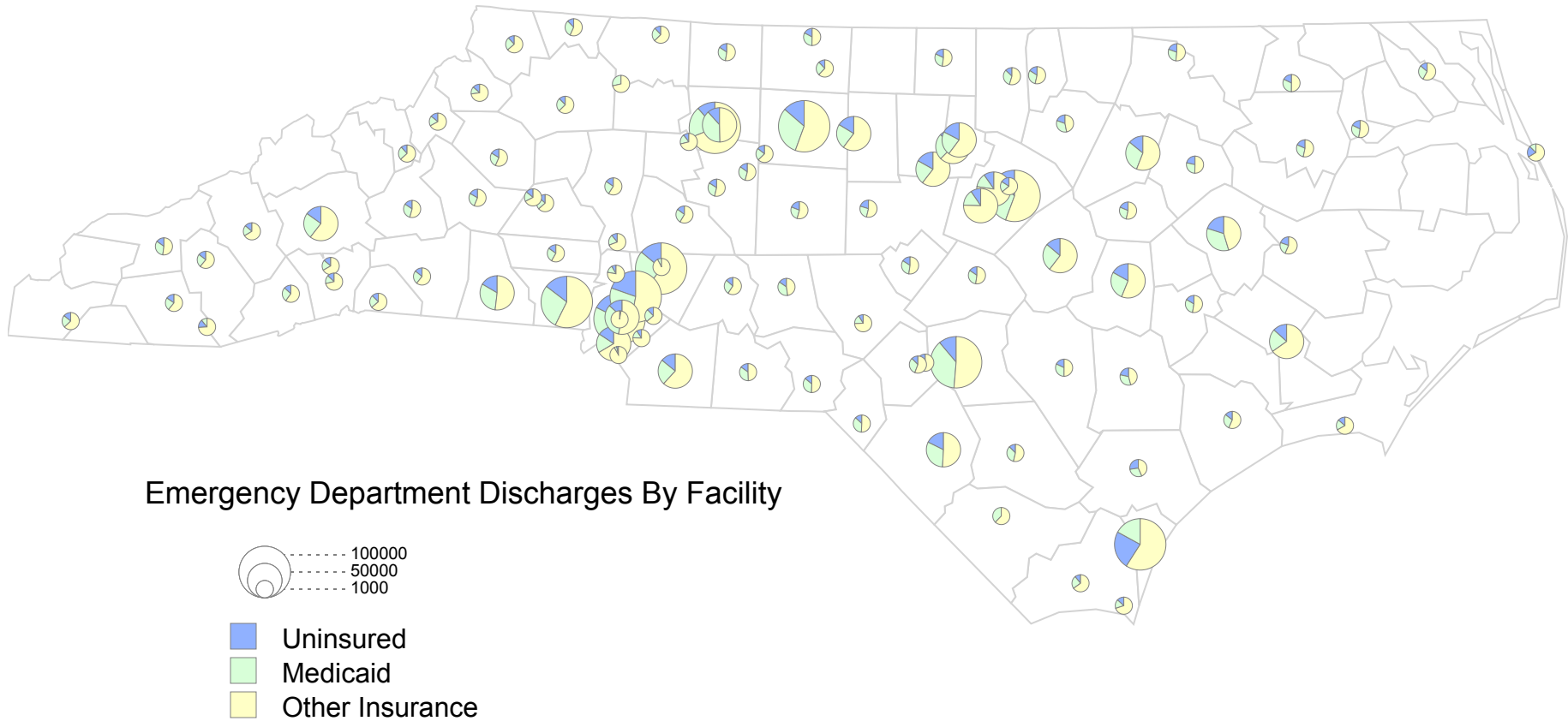
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Emergency Department Discharges and Insurance Status

## Uninsured, Medicaid, and Insured Discharges by Emergency Department

North Carolina Emergency Department Discharges: October 1, 2022 to September 30, 2023



Note: Excludes patients admitted to hospital. Hospitals with the same license are combined.

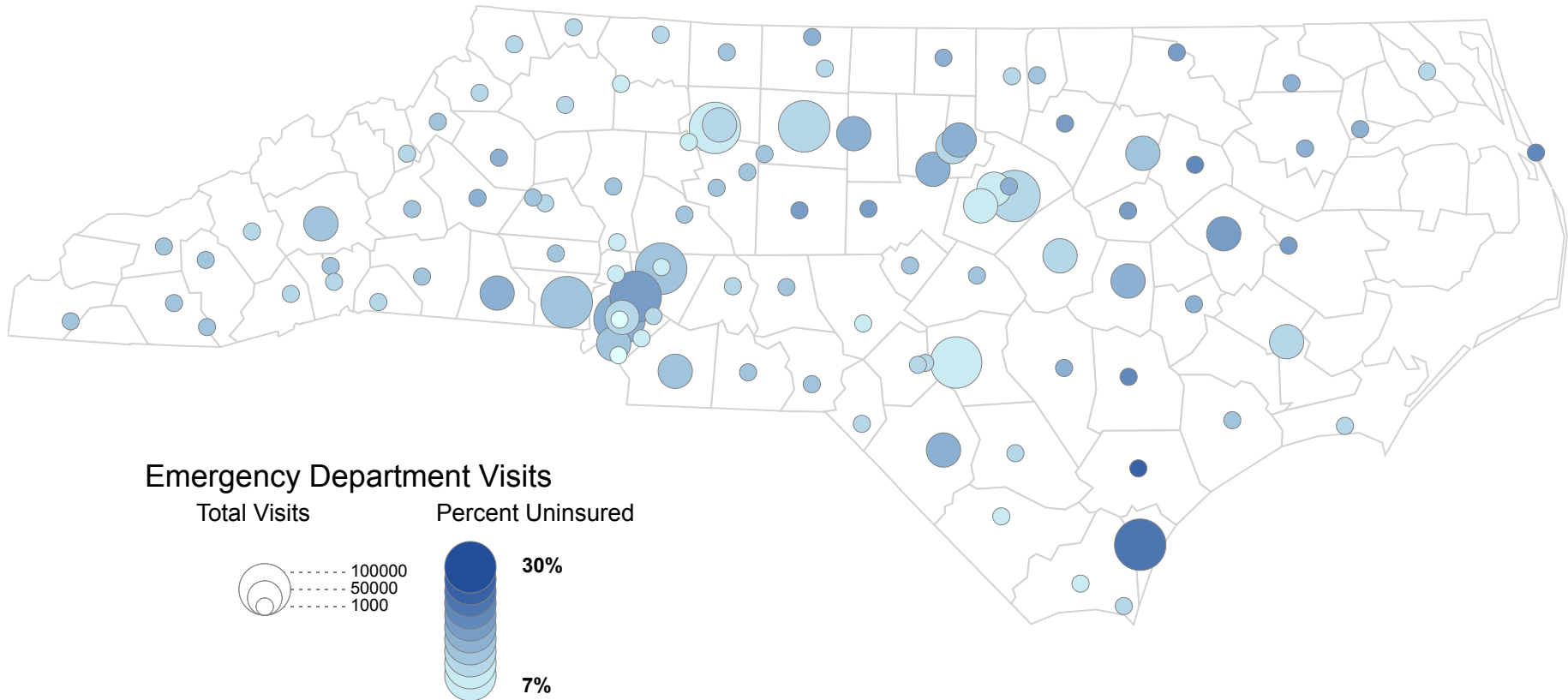
Source: NCHA, Fiscal Year 2023.

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Emergency Department Visits and Insurance Status

## Percent Uninsured Visits by Emergency Department

North Carolina Emergency Department Visits: October 1, 2022 to September 30, 2023



Note: Includes patients admitted to hospital. Hospitals with the same license are combined.

Source: NCHA, Fiscal Year 2023.

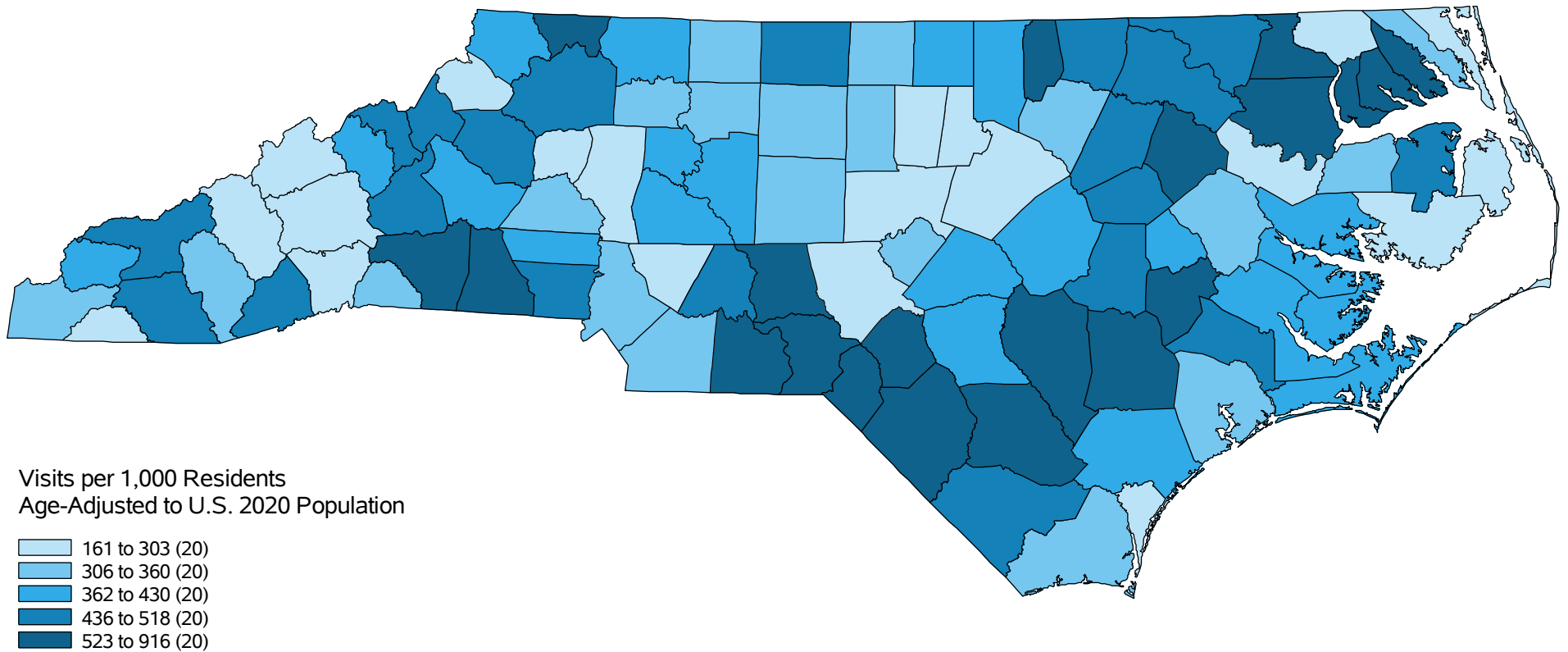
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Emergency Department Visit Rates per 1,000 Residents

## Treat and Release Only

October 1, 2022 to September 30, 2023

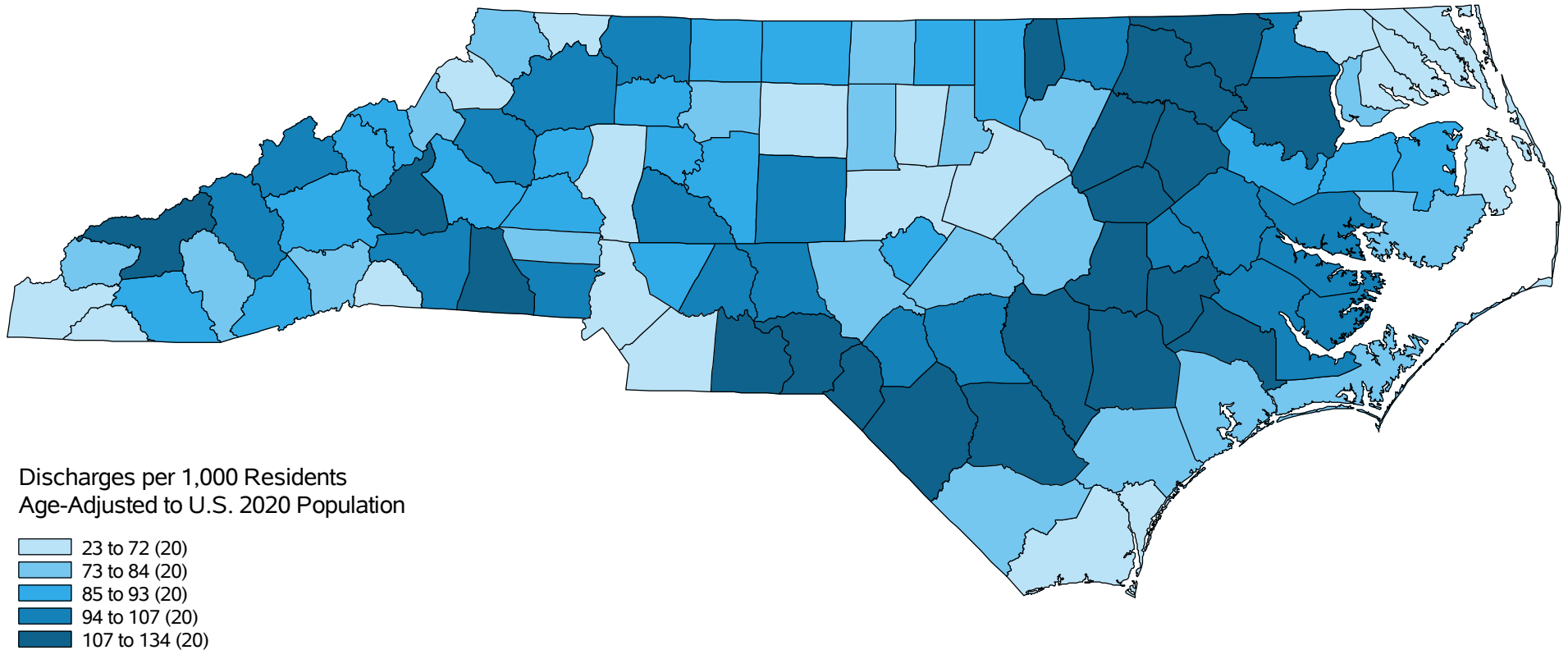
North Carolina Rate: 352 Visits per 1,000 Residents



# Hospital Discharge Rates per 1,000 Residents

October 1, 2022 to September 30, 2023

North Carolina Rate: 81.4 Discharges per 1,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.  
Normal newborn discharges (DRG 795) excluded.

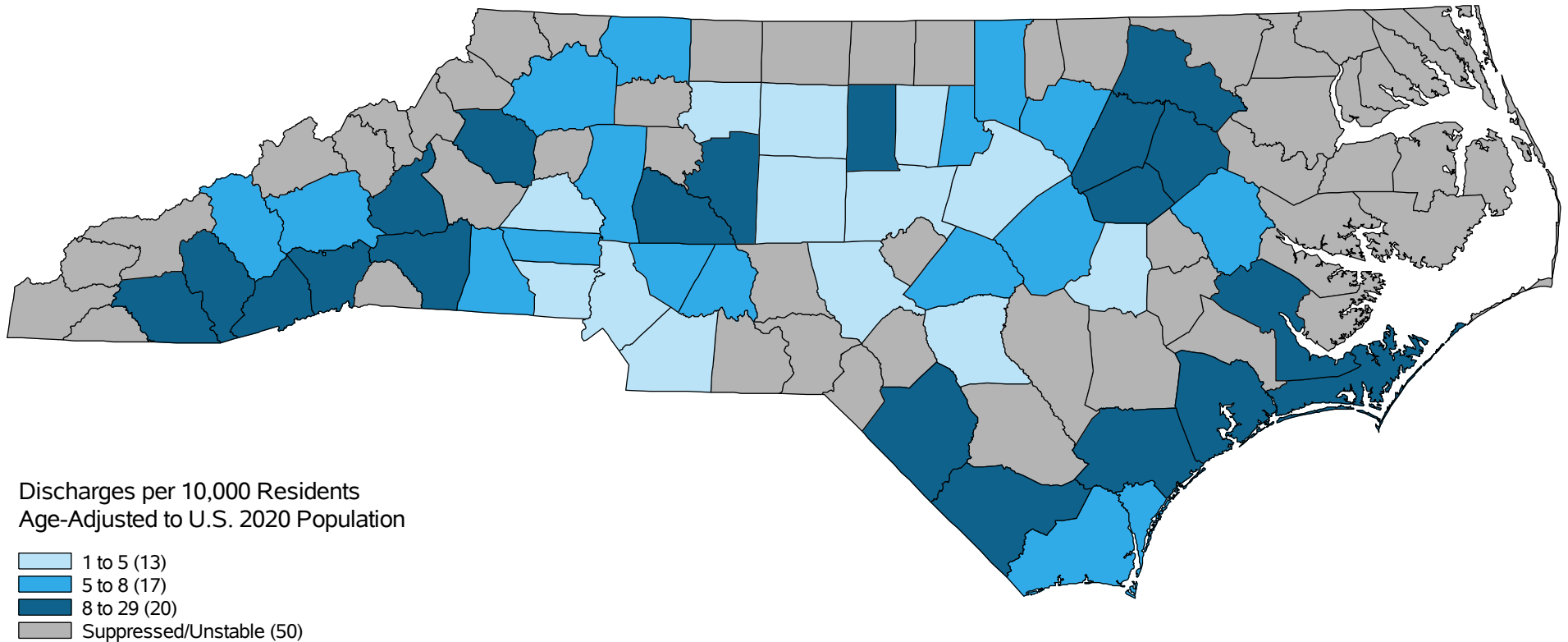
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Hospital Discharges for Major Joint Replacement of Lower Extremity per 10,000 Residents

Residents Discharged from North Carolina Hospitals, October 1, 2022 to September 30, 2023

North Carolina Rate: 6.3 Discharges per 10,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Inpatient DRG codes include 466, 467, 468, 469, 470.

Information for counties with fewer than 50 visits suppressed.

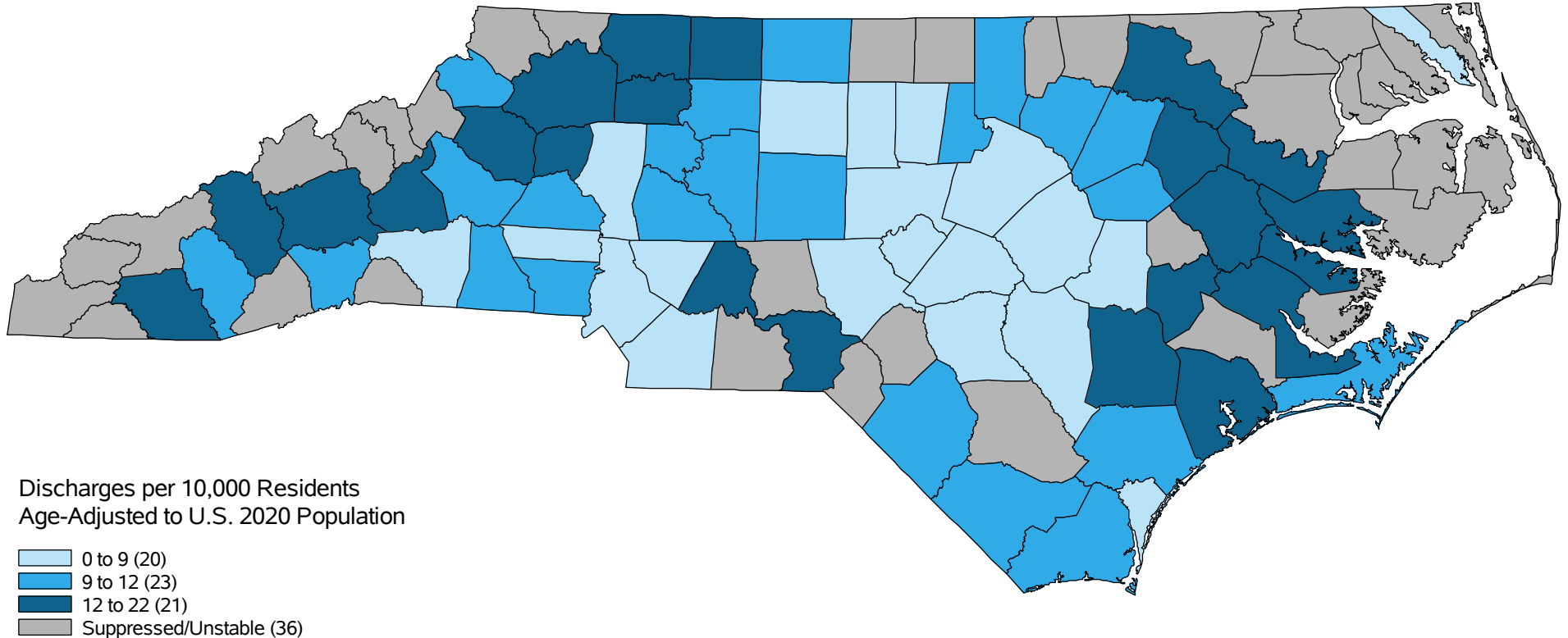
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Hospital Discharges for Open Heart Surgery per 10,000 Residents

Residents Discharged from North Carolina Hospitals, October 1, 2022 to September 30, 2023

North Carolina Rate: 9.40 Discharges per 10,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Inpatient ICD-10 procedure codes include 5A1221Z. Inpatient DRG codes include 216-221, 228-236.

Information for counties with fewer than 50 visits suppressed.

Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

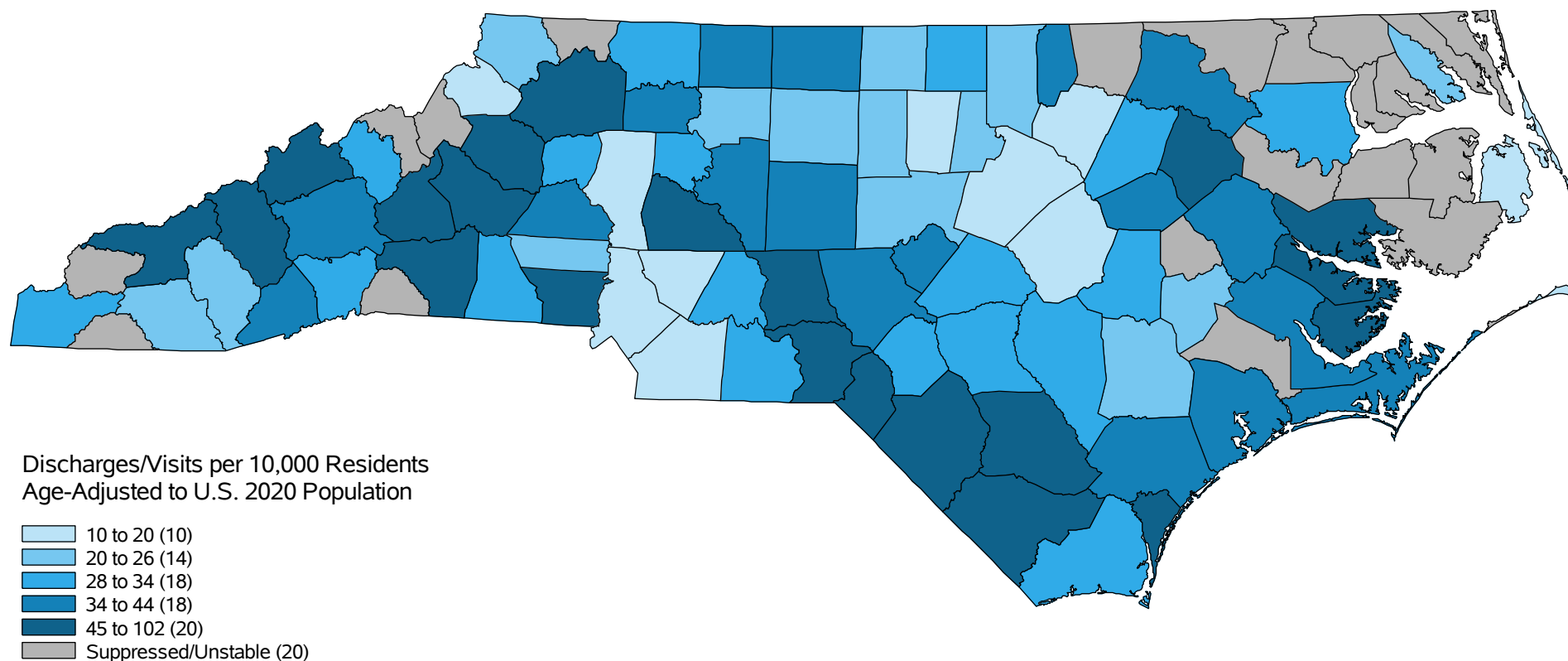


# Opioid Related Diagnoses per 10,000 Residents

## Hospital Inpatient and Emergency Departments

October 1, 2022 to September 30, 2023

North Carolina Rate: 28.8 Discharges/Visits per 10,000 Residents



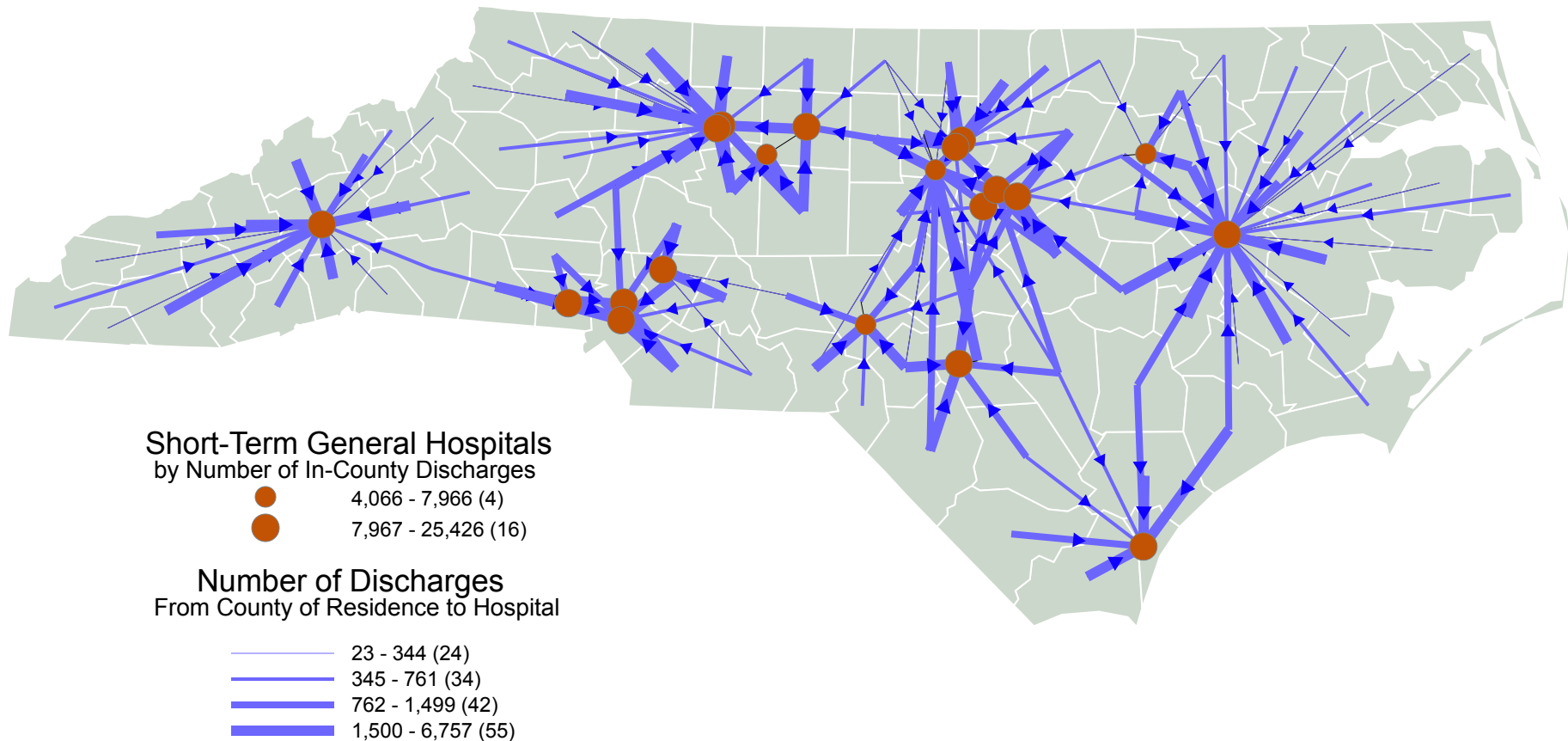
Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included. Inpatient ICD-10 procedure codes include:  
F1120, F1920, F1110, T400X1A, T400X2A, T400X3A, T400X4A, T401X1A, T401X2A, T401X3A, T401X4A, T403X1A, T403X2A, T403X3A, T403X4A, T402X1A, T402X2A, T402X3A,  
T402X4A, T404X1A, T404X2A, T404X3A, T404X4A, T40601A, T40602A, T40603A, T40604A, T40691A, T40692A, T40693A, T40694A, T507X1A, T507X2A, T507X3A, T507X4A.  
Information for counties with fewer than 50 visits suppressed  
Source: NCHA, Fiscal Year 2023  
Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Patient Origin for North Carolina Residents

## Twenty Hospitals with the Greatest Total Discharges

### Inpatient Discharges by County of Residence and Hospital

Residents Discharged from North Carolina Hospitals: October 1, 2022 to September 30, 2023



Note: For all counties, vectors are only drawn for hospitals receiving at least five percent of the county's Discharges. Hospitals with the same license are combined. Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included. Normal newborn discharges (DRG 795) excluded. Hospitals with over 12,667 Total Discharges are included.

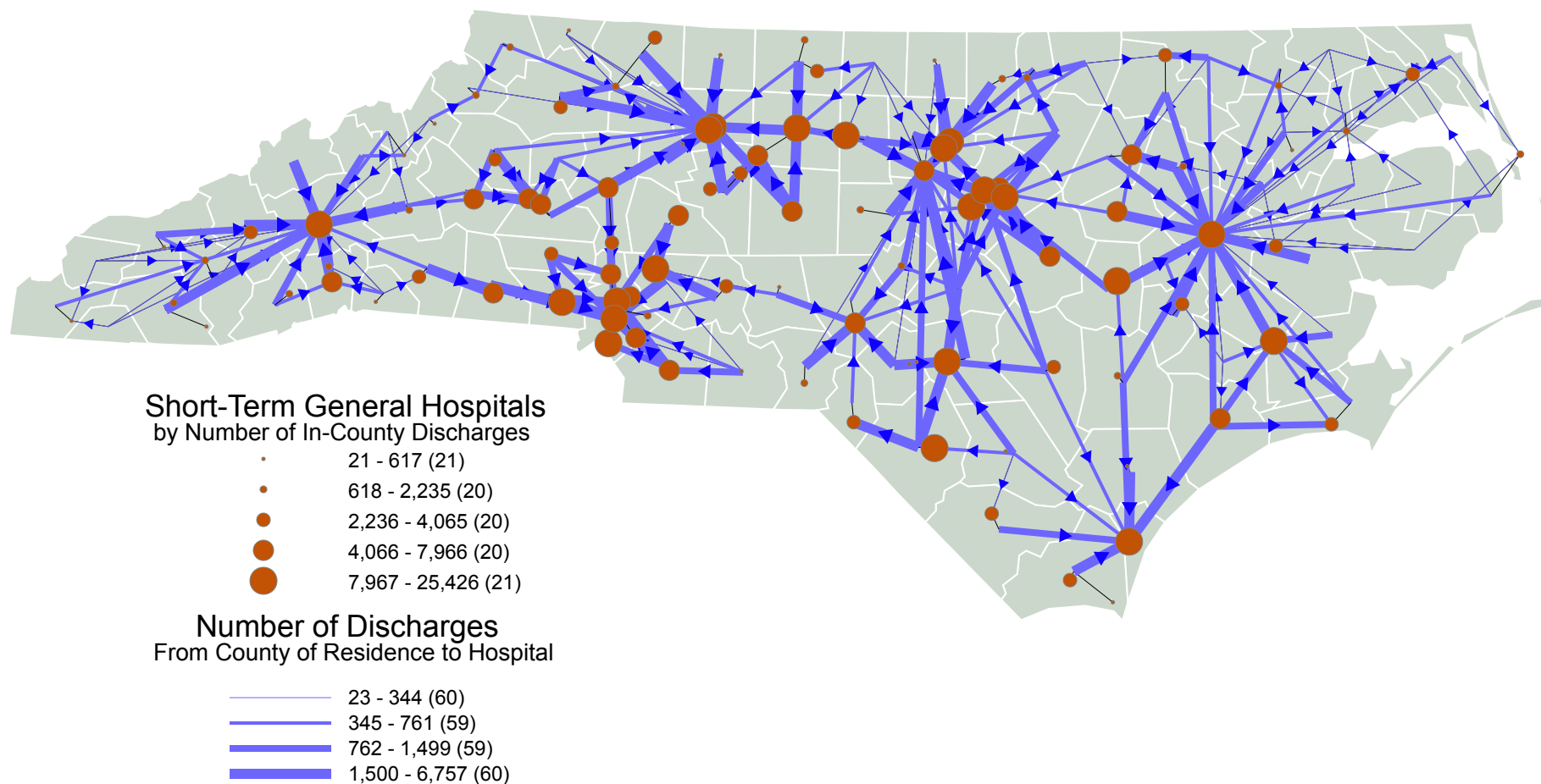
Source: NCHA, Fiscal Year 2023.

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Patient Origin for North Carolina Residents

## Inpatient Discharges by County of Residence and Hospital

Residents Discharged from North Carolina Hospitals: October 1, 2022 to September 30, 2023



Note: For any county vectors are only drawn for hospitals receiving at least five percent of the county's Discharges. Hospitals with the same license are combined.  
Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.  
Normal newborn discharges (DRG 795) excluded.

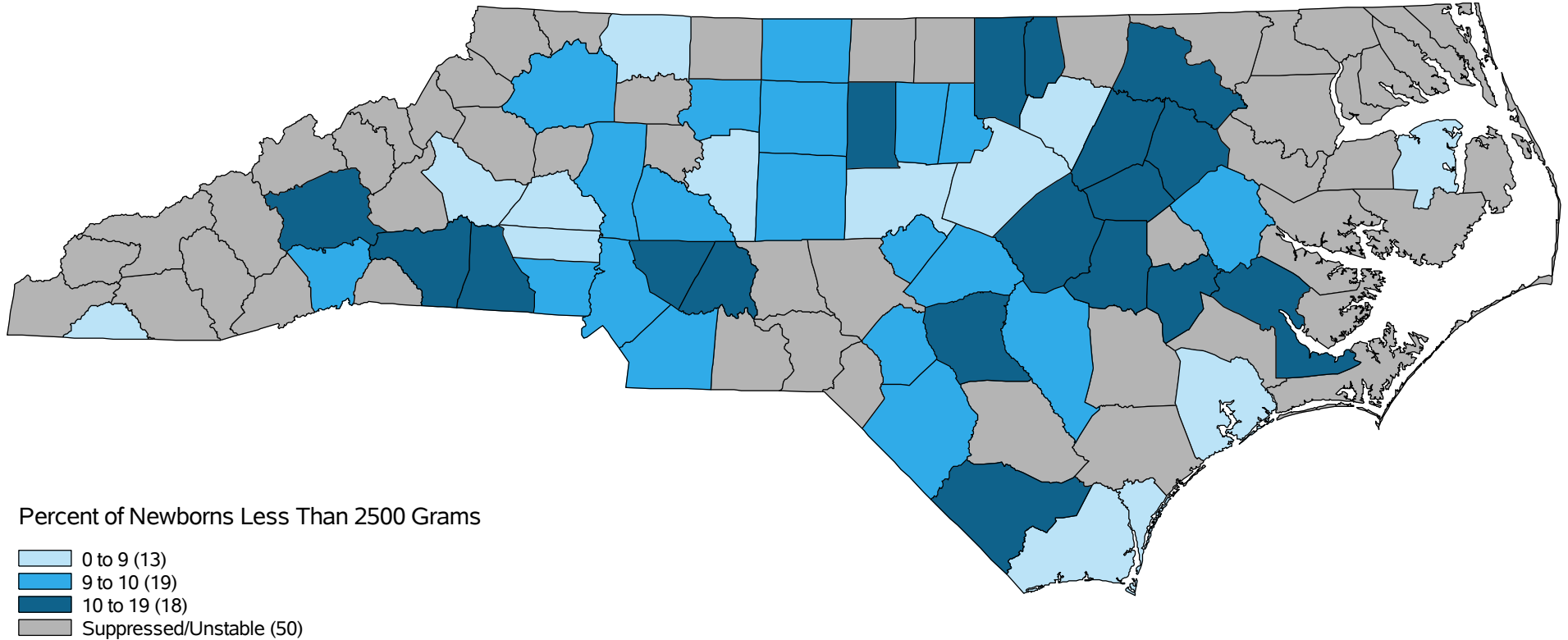
Source: NCHA, Fiscal Year 2023.

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Low Birthweight Rate: Percent of Newborns Less Than 2500 Grams

Newborns Delivered in North Carolina Hospitals, October 1, 2022 to September 30, 2023

North Carolina Rate: 9.1 Percent of Newborns Less Than 2500 Grams



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.  
Information for counties with fewer than 50 visits suppressed.

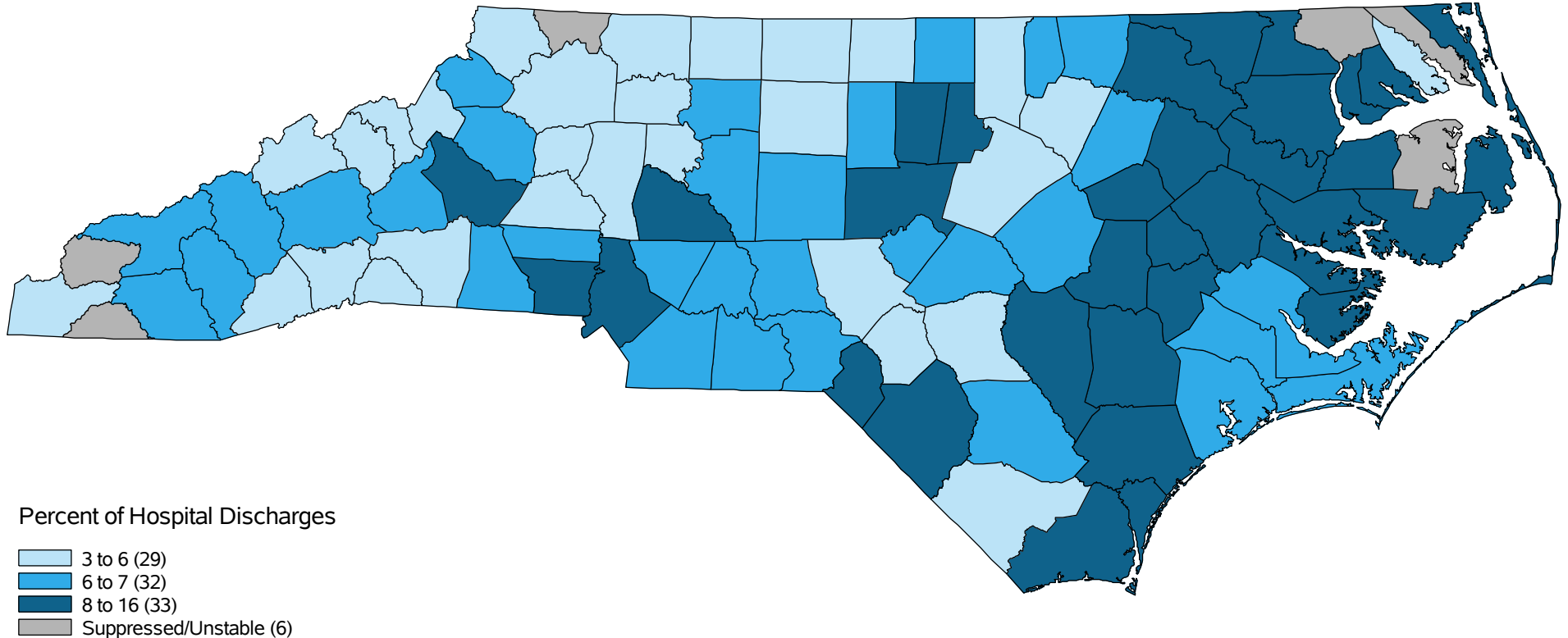
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Percent of Discharged Hospital Patients without Health Insurance

Residents Discharged from North Carolina Hospitals, October 1, 2022 to September 30, 2023

North Carolina Rate: 7.35 Percent of Hospital Discharges



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.

Normal newborn discharges (DRG 795) excluded.

Information for counties with fewer than 50 visits suppressed.

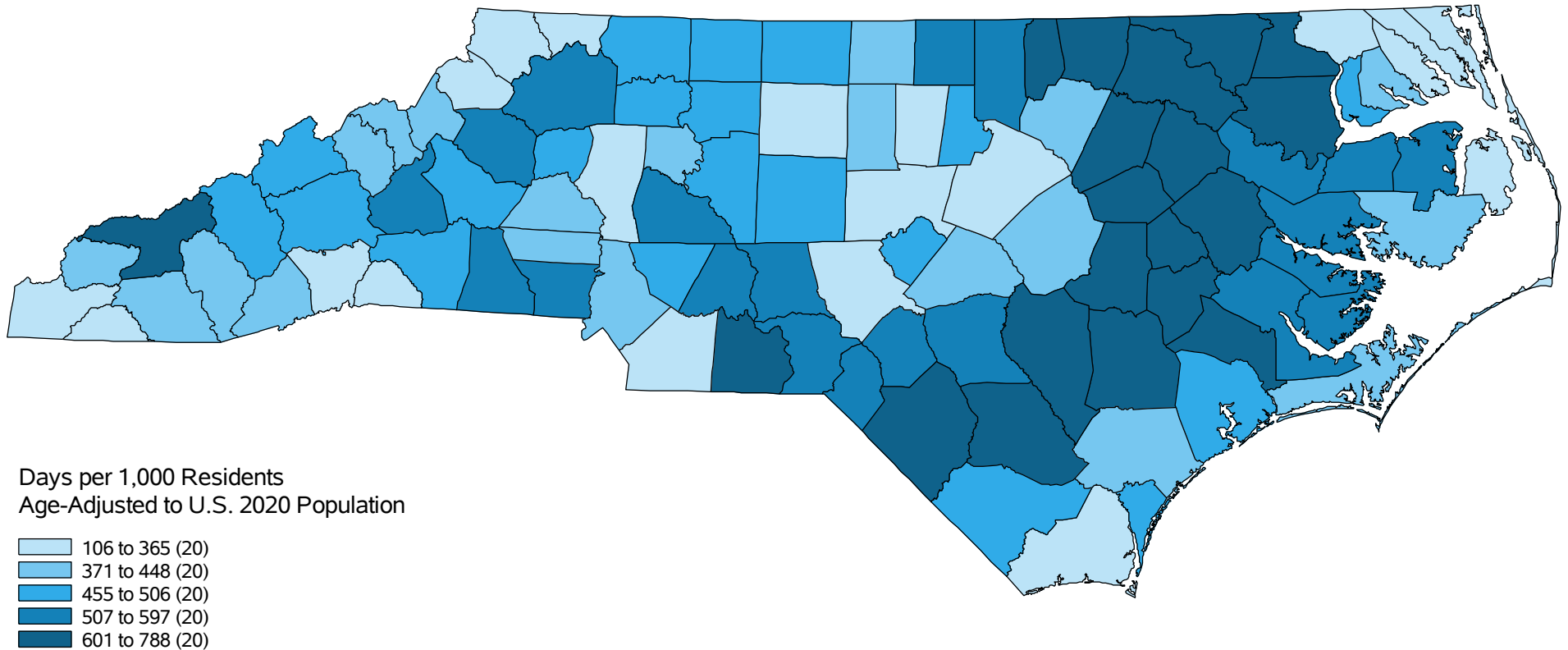
Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

# Total Hospital Days per 1,000 Residents

October 1, 2022 to September 30, 2023

North Carolina Rate: 444 Days per 1,000 Residents



Note: Discharges from Psychiatric, Rehabilitation, Long Term Care, and Substance Abuse Treatment Facilities are not included.  
Normal newborn discharges (DRG 795) excluded.

Source: NCHA, Fiscal Year 2023

Produced By: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.